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Health employment and economic growth

Note by the Secretary-General

The Secretary-General hereby transmits the report of the Director General of the World Health Organization, the Director General of the International Labour Organization and the Secretary-General of the Organization for Economic Cooperation and Development on the immediate actions of the High-level Commission on Health Employment and Economic Growth.

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Immediate actions of the High-level Commission on Health Employment and Economic Growth

Summary

The present report provides an overview of the progress made following the launch of the report of the High-level Commission on Health Employment and Economic Growth in September 2016, pursuant to General Assembly resolution 71/159.

As populations grow and change, the global demand for health workers is estimated to almost double by 2030, creating around 40 million new health worker jobs, primarily in upper-middle- and high-income countries. At the same time, however, a shortfall of 18 million health workers needed to achieve and sustain access to essential health services is projected by 2030, primarily in low- and middle-income countries.

The status quo is untenable. Decades of chronic underinvestment have resulted from managing the health and social workforce as a cost to be contained and a drag on the economy. This entrenched pattern of financing is at odds with the growing evidence brought forward by the Commission that the health and social workforce is a force multiplier for inclusive growth. Left unaddressed in the context of predicted demographic, epidemiological, ecological and socioeconomic changes, projected workforce shortfalls and mismatches threaten to erode the hard-won gains in health, well-being and global health security.

Universal health coverage is possible only with bold investments in the health and social workforce. This workforce is the largest subcomponent of the resources needed to achieve the health-related Sustainable Development Goals. Investments in the health and social workforce comprise more than one third of the health sector investments required to achieve better health and well-being by 2030. An ambitious and intersectoral health and social workforce agenda that maximizes value for not only better health and well-being (Goal 3) but also quality education (Goal 4), gender equality (Goal 5) and decent work and inclusive growth (Goal 8) is a key priority for socioeconomic development.

The International Labour Organization (ILO), the Organization for Economic Cooperation and Development (OECD) and the World Health Organization (WHO) have rapidly advanced the implementation of the Commission's 10 recommendations and five immediate actions through broad dissemination, the galvanizing of political commitment and intersectoral support at high-level forums, and consultations with Member States and stakeholders to develop and establish the joint ILO, OECD and WHO Working for Health programme and multi-partner trust fund. The programme, with its five-year action plan for health employment and inclusive economic growth (2017-2021), serves as a catalyst in supporting Member States to expand and transform the health and social workforce to accelerate progress with regard to the 2030 Agenda for Sustainable Development. Funding for the programme must be secured to facilitate the subsequent release of sustainable financing for the implementation of national workforce strategies in all countries. The action plan, which was adopted by the seventieth World Health Assembly, in May 2017, by its decision WHA 70.6, is supported by the OECD Health Committee and will be considered by the ILO Governing Body at its 331st session. Through the Working for Health programme, ILO, OECD and WHO look forward to working with Member States and all stakeholders to amplify health and social workforce action and investments that unleash socioeconomic dividends across the 2030 Agenda.

I. Introduction

1. There were 43.5 million health workers directly engaged in the provision of health services in 2013[1] and more than 234 million workers in the broader health economy in 2015.[2] The International Labour Organization (ILO) estimates that each health occupation job generates two additional jobs for workers in other occupations. As populations grow and change, it is estimated that the global demand for health workers will almost double by 2030 and that around 40 million new health worker jobs, primarily in upper-middle- and high-income countries, will be created.[3]

2. At the same time, a shortfall of 18 million health workers needed to achieve and sustain access to essential health services is projected by 2030,[4] primarily in low- and middle-income countries, as envisaged by the World Health Organization (WHO) in its Global Strategy on Human Resources for Health: Workforce 2030.[4] The labour mobility of health workers has increased and become more complex over time, generating advantages that can be mutually beneficial for all countries and negative effects that must be mitigated while safeguarding migrant workers' rights. Over the past decade, the number of migrant doctors and nurses working in member countries of the Organization for Economic Cooperation and Development (OECD) has increased by 60 per cent, while the number of doctors and nurses who have departed countries with serious health workforce shortages has increased by 84 per cent.[5] Three quarters of the current capacity to educate new health workers is concentrated in high- and upper-middle-income countries. Sub-Saharan Africa accounts for a 4 per cent share of the global health workforce but shoulders 24 per cent of the global disease burden, a situation that has remained virtually unchanged for a decade.[6]

3. Poor working conditions and occupational hazards have a negative impact on the quality of health and social services provided. Attacks on health workers and health care, as highlighted by the Commission, are a global concern in all settings. WHO consolidated reports of 594 attacks on health care from January 2014 to December 2015 in 19 countries facing emergencies, resulting in 959 fatalities and 1,561 people injured,[7] of 302 attacks in 2016 in 20 countries facing emergencies,

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[1] G. Cometto and others, "Health workforce needs, demand and shortages to 2030: an overview of forecasted trends in the global health labour market", in *Health Employment and Economic Growth: an Evidence Base*, J. Buchan, I. Dhillon and J. Campbell, eds. (forthcoming).

[2] International Labour Organization (ILO), *Improving Employment and Working Conditions in Health Services: Report for Discussion at the Tripartite Meeting on Improving Employment and Working Conditions in Health Services (Geneva, 24-28 April 2017)* (Geneva, ILO, 2017). Available from www.ilo.org/sector/activities/sectoral-meetings/WCMS_548288/lang--en/index.htm.

[3] J. Liu and others, "Global health workforce labour market projections for 2030", policy research working paper No. 7790 (Washington, D.C., World Bank Group, 2016). Available from http://documents.worldbank.org/curated/en/546161470834083341/Global-health-workforce-labor-market-projections-for-2030.

[4] Available from www.who.int/hrh/resources/16059_Global_strategyWorkforce2030.pdf?ua=1.

[5] J. Dumont and G. Lafortune, "International migration of doctors and nurses to OECD countries: recent trends and policy implications", in *Health Employment and Economic Growth: an Evidence Base*.

[6] WHO, *Health in 2015: from Millennium Development Goals to Sustainable Development Goals* (Geneva, WHO, 2015). Available from http://apps.who.int/iris/bitstream/10665/200009/1/9789241565110_eng.pdf?ua=1.

[7] WHO, "Report on attacks on health care in emergencies: based on consolidated secondary data, 2014 and 2015", Geneva, 2016. Available from www.who.int/hac/techguidance/attacksreport.pdf?ua=1.

resulting in 418 fatalities and 561 people injured,[8] and of 88 attacks in the first quarter of 2017 in 14 countries facing emergencies, resulting in 80 fatalities and 81 people injured.[9]

4. Achieving health for all by 2030 necessitates an ambitious health and social workforce agenda and a radically new investment approach. The WHO study entitled "Sustainable Development Goal health price tag" found that investments in the health and social workforce comprise more than one third of the health sector investments required to achieve better health and well-being by 2030 and that this workforce represents the largest subcomponent of resource needs.[10] Decades of chronic underinvestment have resulted from managing the health and social workforce as a cost to be contained and a drag on the economy. This entrenched pattern of financing is at odds with the growing evidence that the health and social workforce is a force multiplier for inclusive growth. Left unaddressed in the context of predicted demographic, epidemiological, ecological and socioeconomic changes, projected workforce shortfalls and mismatches threaten to erode hard-won gains in health, well-being and security.

5. In September 2016, the High-level Commission on Health Employment and Economic Growth put forward an investment case to secure a sustainable health and social workforce and generate socioeconomic dividends across the 2030 Agenda.[11] With 10 recommendations and five immediate actions, the Commission proposed ways to address deepening mismatches and inequities in the health and social workforce and stimulate the creation of jobs in the health and social sectors as a means to accelerate universal health coverage and advance inclusive economic growth (see annex).

6. The Commission was established by the Secretary-General in March 2016 in response to General Assembly resolution 70/183 entitled "Global health and foreign policy: strengthening the management of international health crises", in which the Assembly recognized that investing in new health workforce employment opportunities may also add broader socioeconomic value to the global economy and national economies and contribute to the implementation of the 2030 Agenda and requested the Secretary-General to explore steps to meet the global shortfall of trained health workers.

7. The Commission was co-chaired by the former President of France, François Hollande, and the President of South Africa, Jacob Zuma, and co-vice-chaired by the former Director General of WHO, Margaret Chan, the Secretary-General of OECD, Angel Gurría, and the Director General of ILO, Guy Ryder. Commission members included ministers of education, health, foreign affairs and labour, parliamentarians, Sustainable Development Goal advocates, Nobel laureates and health worker leaders. The Commission's expert group comprised health and labour economists and health, human rights and health workforce experts and was chaired by the Editor-in-Chief of the *Lancet*, Richard Horton.

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[8] WHO, Attacks on Health Care Dashboard, reporting period: 1 January to 31 December 2016. Available from http://www.who.int/emergencies/attacks-on-health-care/attacks-on-health-care-2016.pdf?ua=1.

[9] WHO, Attacks on Health Care Dashboard, reporting period: 1 January to 31 March 2017. Available from www.who.int/emergencies/attacks-on-health-care/attacks_dashboard_2017_Q1_updated-June2017.pdf?ua=1.

[10] K. Stenberg and others, "Financing transformative health systems towards achievement of the health Sustainable Development Goals: a model for projected resource needs in 67 low-income and middle-income countries", *Lancet Global Health*, vol. 5 (September, 2017).

[11] High-level Commission on Health Employment and Economic Growth, *Working for Health and Growth: Investing in the Health Workforce* (Geneva, WHO, 2016). Available from www.who.int/hrh/com-heeg/reports/en/.

8. The Commission identified the health and social sectors as a major and growing employer, representing 11 per cent of total employment in OECD member countries, for example. Employment in the health and social sectors in OECD member countries grew by 48 per cent from 2000 to 2014, compared with 14 per cent across all sectors.[12] In many countries, they are the leading sectors for job creation. Worldwide, the annual average growth in health employment from 2005 to 2013 was double that of total employment (2.8 per cent compared with 1.3 per cent), and health employment growth outpaced total employment growth five-fold in Asia and the Pacific.[2]

9. Good health contributes to economic growth. The Commission brought forward evidence that investments in expanding and transforming the health and social workforce had spillover effects that enhance inclusive economic growth through multiple economic pathways, including productivity gains in other sectors and job creation. The Commission found that the socioeconomic returns of investments in health and social services were especially high in situations of underemployment.

10. Investing in the health and social workforce could address the high rates of youth unemployment. Growth in health employment creates much needed education, decent work opportunities and career pathways for young people, in particular in rural areas, where health and social workforce needs are the greatest.

11. The health and social sectors employ a greater share of women than other sectors, with women representing 71 per cent of the health workforce compared with 41 per cent of total employment. Gender-transformative national health workforce strategies and investments could enhance the economic empowerment and participation of women and result in greater recognition of the value of unpaid care roles. An additional 2 per cent of gross domestic product investment in the education, health and social services could increase overall employment rates by between 2.4 and 6.1 percentage points, with women taking between 59 and 70 per cent of jobs created by such investments.[13] This would increase the rate of women's employment by between 3.3 and 8.2 per cent.[13] Such investment must be accompanied by the mainstreaming of gender equity and family-friendly working policies and practices to improve work-life balance for all and support those with caring responsibilities in the raising of children and the care of the sick and the elderly. Half of women's contribution to global wealth is through unpaid care roles. Gender biases, physical and sexual violence and harassment remain important challenges for health and social workers. The gender pay gap in the health and social sectors is higher than that of the overall pay gap of 20 per cent, with an average of 26 per cent in high-income countries and 29 per cent in upper-middle-income countries.[2]

II. Progress on immediate actions

12. The Commission proposed five immediate actions to be taken from October 2016 to March 2018 to implement the Commission's recommendations. ILO, OECD and WHO reports the progress on each immediate action below.

[12] C. James, "Health and inclusive growth: changing the dialogue", in *Health Employment and Economic Growth: an Evidence Base*.

[13] Jerome De Henau and others, "Investing in the care economy: a gender analysis of employment stimulus in seven OECD countries", report of the Women's Budget Group of the United Kingdom of Great Britain and Northern Ireland (Brussels, International Trade Union Confederation, 2016). Available from www.ituc-csi.org/CareJobs.

A. Secure commitments, foster intersectoral engagement and develop an action plan

13. The Commission's report was welcomed and action on its recommendations was encouraged by the former Secretary-General in a statement issued in December 2016 and by the General Assembly in its resolution 71/159, entitled "Global health and foreign policy: health employment and economic growth". In that resolution, the Assembly recognized the importance of the health and social sectors in economic growth and the collective need to increase health employment, and that investing in health workers was one part of the broader objective of strengthening health systems and social protection and essentially constituted the first line of defence against international health crises. It encouraged action in support of the creation of some 40 million new jobs in the health and social sectors by 2030, paying specific attention to addressing the projected shortages of 18 million health workers by 2030, primarily in low- and middle-income countries. The Assembly urged Member States to consider the recommendations of the Commission, including the development of intersectoral plans and investment in education and job creation in the health and social sectors.

14. The Commission's recommendations were endorsed and supported in other high-level political and economic forums, including the high-level ministerial meeting on health employment and economic growth, held in December 2016, the WHO Executive Board in January 2017, the Africa-France Summit, held in Bamako in January 2017, the OECD health ministerial meeting, held in January 2017, the sixty-first session of the Commission on the Status of Women, held in March 2017, the meeting of ministers of health and labour of the West African Economic and Monetary Union held in March 2017, the ILO tripartite meeting on improving employment and working conditions in health services held in April 2017, the meeting of health ministers of the Group of 20 held in May 2017, the World Health Assembly in May 2017 and the OECD Health Committee in June 2017.

15. ILO, OECD and WHO organized the High-level ministerial meeting on health employment and economic growth, held in Geneva on 14 and 15 December 2016, and presented a draft action plan for consultation. Two rounds of consultations with more than 60 contributions and discussions with more than 80 representatives of permanent missions to the United Nations in Geneva informed the development of the final action plan. The Working for Health programme,[14] a five-year action plan for health employment and inclusive economic growth covering the period from 2017 to 2021, was adopted by the seventieth World Health Assembly in its decision WHA 70.6 and endorsed by the OECD Health Committee in June 2017. It will be considered by the ILO Governing Body at its 331st session, in November 2017. The programme was profiled at the partnership exchange of the High-level Political Forum on Sustainable Development in July 2017.

16. WHO established the Global Health Workforce Network in October 2016 to maintain high-level political commitment, promote intersectoral and multilateral policy dialogue, including, as appropriate, through public-private collaboration, facilitate the alignment of domestic financing, global health initiatives and donors with the health and social workforce investment priorities outlined in the Global Strategy, and foster global coordination and mutual accountability. The network also serves as a policy support network and a mechanism for multi-stakeholder

[14] See annex I to the report of the WHO secretariat on human resources for health and implementation of the outcomes of the United Nations High-level Commission on Health Employment and Economic Growth, available from http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_18-en.pdf.

engagement in the Working for Health programme. The network brings together all key stakeholders, including, but not limited to, representatives of the health workforce in the form of professional associations and trade unions, employers from the private sector and the health sector and representatives of civil society, academia and foundations.

B. Galvanize accountability, commitment and advocacy

17. WHO, together with Trinity College, Dublin, the Health Services Executive of Ireland, Irish Aid, the Department of Health of Ireland and the Global Health Workforce Network, will convene the Fourth Global Forum on Human Resources for Health in Dublin from 13 to 17 November 2017. The Forum is expected to bring together more than 1,000 participants, including a range of such actors as policymakers, planners, civil society representatives, young people, practitioners, academics, researchers, regulators and decision-makers across sectors, including health, labour, education and finance. The forum will provide a key opportunity for all stakeholders to discuss, debate and strengthen advocacy, commitment and accountability for innovative approaches to advancing the implementation of the Global Strategy and the Commission's recommendations, and to show the collective commitment to expanding and transforming the health and social workforce that is required to achieve the Sustainable Development Goals.

C. Advance health labour market data, analysis and tracking in all countries

18. The purpose of the national health workforce accounts is to facilitate the standardization of a health workforce information system to improve data quality and support the tracking of health workforce policy performance towards universal health coverage. They comprise core indicators and data characteristics that can be progressively measured to generate reliable data and information for labour market analysis, monitoring and research, workforce planning and investments. WHO released a draft for consultation in October 2016 and finalized the national health workforce accounts in collaboration with experts of a technical advisory group, which included representatives of ILO, OECD and Member States in July 2017. Regional workshops to accelerate the progressive implementation of the accounts in almost 50 countries were held in Mozambique, in November 2016, and Senegal, in March 2016, and are planned in India, at the WHO Regional Office for South-East Asia in September 2017, and Egypt, at the WHO Regional Office for the Eastern Mediterranean in October 2017. WHO has also developed an online national health workforce accounts portal to facilitate reporting.

19. A more comprehensive understanding of the health labour market dynamics and the identification of effective policies and practices supported by evidence, including monitoring and analysis of labour market developments against Sustainable Development Goal targets, are critical to accelerating progress towards the necessary expansion and transformation of the health and social workforce. ILO, OECD and WHO convened two joint expert meetings, in March and April 2017, to work towards establishing a new openly accessible interagency data exchange and online knowledge platform to pool the strengths of the labour market data available from the three organizations so as to deepen the understanding of the health labour market. The interagency data exchange will also coordinate future streamlined and harmonized approaches to further advance labour market data and evidence towards achieving the vision of including all health and health-related social occupations in a progressive and long-term agenda aligned with the 2030 Agenda. This effort will

accelerate the progressive implementation of the labour market indicators of the national health workforce accounts, while minimizing the data collection burden on countries. The online knowledge platform will serve as a global resource to strengthen intersectoral knowledge management and the coordination, analysis and dissemination of evidence and best practices to inform health and social workforce plans, actions and investments.

D. Accelerate investment in transformative education, skills and job creation

20. Through the Working for Health programme, ILO, OECD and WHO have initiated a process to prioritize the provision of technical support to countries where the Commission's recommendations are least likely to be attained in order to support the massive scaling-up of professional, technical and vocational education and training and job creation that is required. The three organizations are also responding to requests for technical support from pathfinder countries with strong political commitment to the health and social workforce agenda. For example, a subregional action plan to implement the recommendations of the Commission was adopted at the meeting of ministers of health and labour of the West African Economic and Monetary Union, hosted by Côte d'Ivoire and supported by ILO and WHO, and held on 23 and 24 March 2017. The action plan includes the revision of macroeconomic policy constraints on investments in the health workforce to create decent jobs and to accelerate the expansion and transformation of the education and training of health workers. It has been submitted for discussion at the meeting of ministers of finance, health and labour of the Union in October 2017.

E. Establish an international platform on health worker mobility

21. To tackle the adverse effects of and maximize the benefits from the increasing international mobility of health workers, the Commission called for the immediate establishment of an international platform on health worker mobility. ILO, OECD and WHO convened a cross-organizational meeting in April 2017 to design such a platform. The platform will serve as a mechanism to facilitate evidence-based policy dialogue and action towards achieving a sustainable global health and social workforce. It will offer a global data hub on the international mobility of health workers by country of origin, destination and training. It will also organize international meetings to promote consultation, dialogue and collaboration among countries on key policy issues, including innovative and effective policy practices on the assessment and recognition of foreign qualifications. The platform will strengthen and support the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel and ILO conventions and recommendations on migrant workers, in turn contributing to the improvement of both evidence and policy. With a view to informing and encouraging those country consultations, the platform will periodically publish policy papers produced by ILO, OECD and WHO on selected topics of regional and international interest, such as trends in the regional and international mobility of health workers and examples of good practices in bilateral and regional agreements on joint investment in the education, training and employment of the health and social workforce. The evidence will contribute to the discussions and negotiations on the global compact for safe, orderly and regular migration. ILO, OECD and WHO will convene policymakers to report on the development of the platform at the Fourth Global Forum.

III. Working for Health: a five-year action plan for health employment and inclusive economic growth

22. The vision of the Working for Health programme is a world in which everyone has equal access to health services provided by skilled and empowered health and social workers in strengthened health systems.

23. The goals of the programme are the expansion and transformation of the global health and social service workforce to accelerate progress towards universal health coverage and global health security. By providing state-of-the-art policy advice, technical assistance and capacity-strengthening support to achieve those twin goals, ILO, OECD and WHO will jointly assist their constituents and partners from Governments, the private sector and civil society in achieving the following Sustainable Development Goals:

(a) Ensure healthy lives and promote well-being for all at all ages (Goal 3);

(b) Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all (Goal 4);

(c) Achieve gender equality and empower all women and girls (Goal 5);

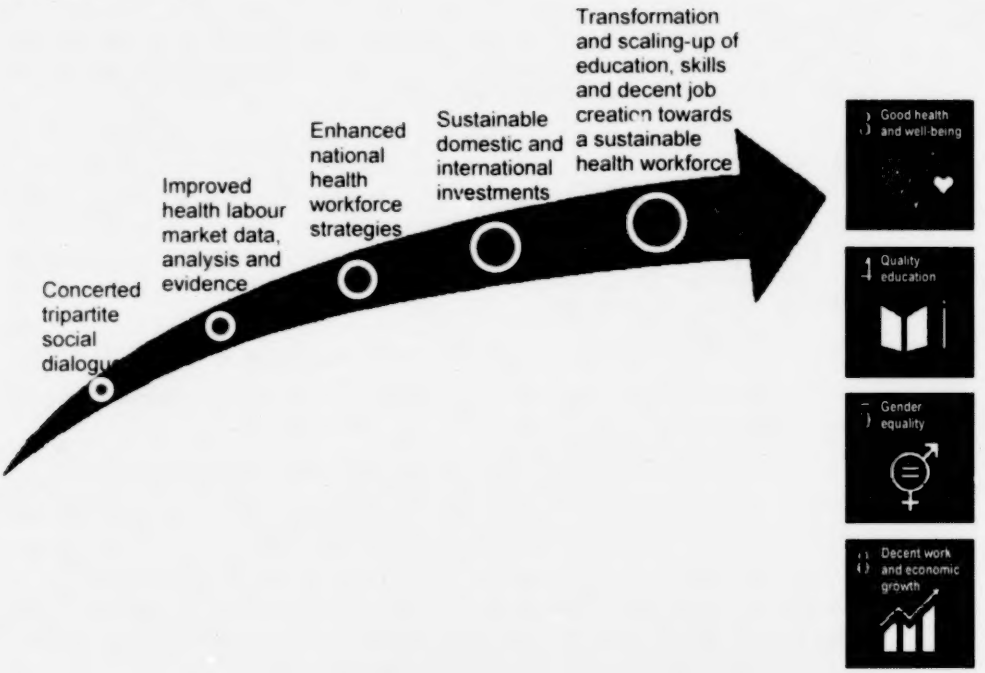
(d) Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work and for all (Goal 8).

24. The mission of the programme, as elaborated by the Commission, is to stimulate and guide the creation of at least 40 million new jobs in the health and social sectors and to avert the projected shortfall of 18 million health workers, primarily in low- and lower-middle-income countries, by 2030.

25. Guided by the Commission and a five-year action plan, the programme will coordinate, enhance and extend the policy advice, technical assistance and capacity support provided by ILO, OECD and WHO to their constituents and partners. The action plan is intended to be globally catalytic, through the provision of global public goods that can be adapted and utilized in any country and by providing targeted technical assistance to develop social dialogue and evidence-based national strategies, improving accountability structures, achieving efficiencies in existing and future investments and, as a result, making it easier for domestic and international partners to invest in future work.

26. By joining forces on the Working for Health programme, ILO, OECD and WHO will enhance their ability to work with Member States in the formulation of comprehensive, intersectoral and integrated national health workforce strategies. Using their convening power and drawing on their data and analytical work, the three organizations can facilitate concerted tripartite social dialogue and the provision of improved health labour market data and evidence, which are critical to the development of a new generation of national health workforce strategies and the mobilization of domestic and international resources to implement them (see figure I).

Figure I
Theory of change


Concerted tripartite social dialogue
Improved health labour market data, analysis and evidence
Enhanced national health workforce strategies
Sustainable domestic and international investments
Transformation and scaling-up of education, skills and decent job creation towards a sustainable health workforce
Good health and well-being
Quality education
Gender equality
Decent work and economic growth

27. With the programme, ILO, OECD and WHO, together with other partners and global initiatives working on relevant Sustainable Development Goals of the 2030 Agenda, can support and facilitate country-driven action through global public goods and targeted technical cooperation and institutional capacity-building, in particular in priority and pathfinder countries.

28. Existing opportunities and mechanisms across agencies, including projects, collaborations and initiatives, will be utilized to the greatest extent possible, and international, South-South and triangular cooperation will be strengthened to streamline efforts towards the implementation of the five-year action plan.

29. ILO, OECD and WHO formalized the governance structure of the Working for Health programme in June 2017 and are now working towards mobilizing intersectoral resources for the establishment of a multi-partner trust fund to support the implementation of the five-year action plan. Given the existence of large global health financing facilities and funds, as well as many related initiatives financed by bilateral and leading foundations, the Working for Health multi-partner trust fund has been deliberately designed to serve a different scope and purpose. Rather than being another competing facility to finance action by Governments, the private sector or civil society actors themselves, it has been created to finance the catalytic joint and coordinated policy advice, technical assistance and capacity-strengthening programmes that Member States have requested from ILO, OECD and WHO, as they set out to prepare a new generation of enhanced national health workforce plans and investments in line with the Commission's recommendations. The trust fund will also foster coordinated policy advice and assistance to and harmonized and aligned support for development partners, maximize the efficiency of the United Nations and other international organizations, promote policy coherence, facilitate

innovation and experimentation, manage risks and deepen the links among normative, policy and operational works.

IV. Conclusion

30. Universal health coverage is possible only with bold investments in the health and social workforce. Investing in expanding and transforming the workforce will not only accelerate progress towards universal health coverage (Sustainable Development Goal 3) and global health security but also unleash powerful socioeconomic returns for quality education (Goal 4), gender equality (Goal 5) and decent work and inclusive economic growth (Goal 8). The Commission put forward an investment case to convert deepening workforce mismatches into once-in-a-generation gains across the 2030 Agenda. Major political and economic forums have backed the Commission's report and many Member States have made progress in the implementation of its recommendations.

31. Rapid progress has been made in carrying out the Commission's immediate actions, in collaboration with Member States and stakeholders. ILO, OECD and WHO have established the Working for Health programme and the multi-partner trust fund to catalytically expand and transform the health and social workforce and to generate socioeconomic dividends across the 2030 Agenda.

32. Funding for the Working for Health programme must be secured and resource mobilization supported to facilitate the subsequent release of sustainable financing for the implementation of national workforce strategies in all countries, in particular those furthest from achieving universal health coverage.

33. The General Assembly is invited to take note of the present report.

Annex

Recommendations and immediate actions from the High-level Commission on Health Employment and Economic Growth

Ten recommendations

Transforming the health workforce

1. Stimulate investments in creating decent health sector jobs, in particular for women and youth, with the right skills, in the right numbers and in the right places
2. Maximize women's economic participation and foster their empowerment through institutionalizing their leadership, addressing gender biases and inequities in education and the health labour market, and tackling gender concerns in health reform processes
3. Scale up transformative, high-quality education and lifelong learning so that all health workers have skills that match the health needs of populations and can work to their full potential
4. Reform service models concentrated on hospital care and focus instead on prevention and on the efficient provision of high-quality, affordable, integrated, community-based, people-centred primary and ambulatory care, paying special attention to underserved areas
5. Harness the power of cost-effective information and communications technology to enhance health education, people-centred health services and health information systems
6. Ensure investment in the International Health Regulations (2005) core capacities, including skills development of national and international health workers in humanitarian settings and public health emergencies, both acute and protracted. Ensure the protection and security of all health workers and health facilities in all settings

Enabling change

7. Raise adequate funding from domestic and international sources, public and private where appropriate, and consider broad-based health financing reform where needed, to invest in the right skills, decent working conditions and an appropriate number of health workers
8. Promote intersectoral collaboration at the national, regional and international levels; engage civil society, unions and other health workers' organizations and the private sector; and align international cooperation to support investments in the health workforce, as part of national health and education strategies and plans
9. Advance international recognition of health workers' qualifications to optimize skills use, increase the benefits from and reduce the negative effects of health worker migration, and safeguard migrants' rights
10. Undertake robust research and analysis of health labour markets, using harmonized metrics and methodologies, to strengthen evidence, accountability and action

Five immediate actions to be taken by March 2018

1. Secure commitments, foster intersectoral engagement and develop an action plan
2. Galvanize accountability, commitment and advocacy
3. Advance health labour market data, analysis and tracking in all countries
4. Accelerate investment in transformative education, skills and job creation
5. Establish an international platform on health worker mobility